ADAPT
Health Coach

Sample Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information				
Card Type:	☐ MasterCard	☐ VISA	☐ Discover	☐ AMEX
	☐ Other _____			
Cardholder Name (as shown on card): _____				
Cardholder Number: _____				
Expiration Date (MM/YY):				
Cardholder ZIP Code (from credit card billing address): _____				

I, _____, authorize _____ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

_____ _____

Customer Signature Date

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